

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new non-provisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No.  
21482/0069

1482/00069

First Named Inventor or Application Identifier

Michel Cantagrel

Title Overvoltage-Protection Device

Express Mail Label No.

1C996 U.S.P.T.O.  
06/28/01  
109/939628

<b>APPLICATION ELEMENTS</b>		<b>ADDRESS TO:</b> Commissioner for Patents Box Applications Washington, D.C. 20231
<p>1. <input checked="" type="checkbox"/> Filing fee as calculated below.</p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification <i>(preferred arrangement set forth below)</i>            - Descriptive title of the invention            - Cross References to Related Applications            - Statement Regarding Fed sponsored R &amp; D            - Reference to Microfiche Appendix            - Background of the Invention            - Brief Summary of the invention            - Brief Description of the Drawings (<i>if filed</i>)            - Detailed Description            - Claim(s)            - Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113)      [Total Pages [1]]</p> <p>5. <input checked="" type="checkbox"/> Oath or Declaration      [Total Pages [1]]</p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)            b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))  <i>(for continuation/divisional with Box 16 completed)</i>            i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u>            Signed statement attached deleting inventor(s)            named in the prior application, see 37 CFR 1.63(d)(2)            and 1.33(b)</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		<p>7. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (<i>if applicable, all necessary</i>)            a. <input type="checkbox"/> Computer Readable Form (CRF)            b. Specification Sequence Listing on:            i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or            ii. <input type="checkbox"/> paper            c. <input type="checkbox"/> Statements verifying identity of above copies</p>
<b>ACCOMPANYING APPLICATION PARTS</b>		
<p>9. <input checked="" type="checkbox"/> Assignment papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement      <input type="checkbox"/> Power of Attorney  <i>(when there is an assignee)</i></p> <p>11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449      <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)  <i>(Should be specifically itemized)</i></p> <p>15. <input checked="" type="checkbox"/> Certified copy of Priority Document(s)  <i>(if foreign priority is claimed)</i></p> <p>16. <input checked="" type="checkbox"/> Other: Verification of translation</p>		

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR § 1.76::

Continuation     Divisional     Continuation-in-part (CIP) of prior application No. \_\_\_\_\_

Prior application information: Examiner Group/Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS**

<input type="checkbox"/> Customer Number or Bar Code Label  (Insert Customer No. or Attach bar code label here)		or <input checked="" type="checkbox"/> correspondence address below		
NAME	Connolly Bove Lodge & Hutz LLP Suite 800			
ADDRESS	1990 M Street, N.W.			
CITY	Washington	STATE	DC	ZIP CODE
COUNTRY	U.S.A	TELEPHONE	(202) 331-7111	FAX
				20036-3425

**Fee Calculation and Transmittal**

	(Col 1) NO. FILED	(Col 2)	(Col 3) NO. EXTRA	SMALL ENTITY		OR	NON-SMALL ENTITY	
				RATE	FEES		RATE	FEES
TOTAL	2	minus	20	=		x9=	\$	
INDEP	1	minus	3	=		x40=	\$	
		<u>First Presentation, Multiple Dependent Claims</u>				+135=	\$	
		<u>Base Filing Fee</u>					\$355	
		<u>Other Fee (specify purpose)</u> <u>Assignment recordal</u>					\$40	
		<u>TOTAL FILING FEE* (accounting for possible small entity status)</u>					<b>\$395</b>	OR <b>TOTAL</b>

- A check in the amount of \$395 to cover the filing fee is enclosed  
 No payment is enclosed at this time. Full payment will be made when the executed Declaration is submitted.  
 The Director is hereby authorized to charge and credit Deposit Account No. 22-0185 as described below. A duplicate copy of this sheet is enclosed.

- Charge the amount of \$\_\_\_\_ as filing fee  
 Credit any overpayment.  
 Charge any additional filing fees required under 37 CFR § 1.16  
 Charge any additional filing fees required under 37 CFR § 1.17  
 If filing fee is not enclosed herewith, the filing fee(s) required to Deposit Account No. 22-0185.

Name (Print/Type)	Burton A. Amernick	Registration No. (Attorney/Agent)	24,852
Signature	<i>Stanley S. Green</i>	Date <i>8/28/01</i>	August 28, 2001